

Wisconsin Department of Regulation & Licensing

Mail To: P.O. Box 8935
Madison, WI 53708-8935

FAX #: (608) 261-7083
Phone #: (608) 266-2112

1400 E. Washington Avenue
Madison, WI 53703
E-Mail: web@drl.state.wi.us
Website: <http://www.drl.state.wi.us>

APPLICATION INFORMATION FORM

ATTENTION

IMPORTANT INFORMATION PLEASE READ

Enclosed is the application packet you recently requested from the Wisconsin Department of Regulation and Licensing.

To avoid any unnecessary errors, take a moment to review the entire application packet before you begin to complete your application.

We will mail you a check sheet within 10-15 working days after receipt of your application in this office. The check sheet will include an identification number that allows you to check the status of your application by calling the **Interactive Voice Response System, (608) 261-7925**. The Interactive Voice Response System will inform you of any requirements not met. You may also check the status of your application on our web-site: <http://www.drl.state.wi.us>. Look under "Applicant Services."

It is your obligation as an applicant to see that the items listed as "Is Required" are forwarded to the Department of Regulation and Licensing. The Department will not contact other agencies or jurisdictions for information/documents to complete your application. We will update check sheets within 3-5 working days of receipt of documents. An application is not considered complete until we receive all the required documents and fees.

Once your application is complete, check the department's web-site: <http://www.drl.state.wi.us>. Look under "Business/Professional License Lookup" for your official credential number and grant date.

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EXAMINING BOARD OF PROFESSIONAL GEOLOGISTS, HYDROLOGISTS AND SOIL SCIENTISTS

PROFESSIONAL HYDROLOGIST SECTION

INSTRUCTION PACKET FOR PROFESSIONAL HYDROLOGIST LICENSE

Enclosed are forms to apply for registration as a professional hydrologist and a copy of the Wisconsin Statutes and Administrative Code relating to registration. **This is not the application if you want to apply for the hydrology examination.** To obtain the exam application, please call our application request line at (608) 266-2112, and specifically request the hydrology exam application packet.

FILING AN APPLICATION - All applicants for licensure as a professional hydrologist must complete an "Application for Professional Hydrologist License" (Form #2399). Please type or print all information when completing this form.

Applicants who wish to apply for licensure by comity (reciprocity) as a professional hydrologist under sec. 470.06, Stats., are required to complete all application materials including either the "Supervised Hydrologic Experience Evaluation Form" (Form #2401) or the "Peer Review Evaluation Form" (Form #2445).

Completed applications with all required attachments must be mailed to the address listed above. Applications hand-delivered or mailed by special courier must be addressed to the Department's street address: 1400 East Washington Avenue, Room 142, Madison, WI 53703.

FEES - Applicants who have taken the examination have already paid the credential fee. Therefore, no additional fee is required.

Applicants applying by comity need to remit the fee of \$53 with the application forms. Please include a check or money order made payable to the Department of Regulation and Licensing.

EDUCATION - Official transcripts showing courses completed are required. A bachelor's degree in hydrology or water resources, or a degree reflecting the completion of at least 30 semester hours or 45 quarter hours of course credits in hydrology or water resources of a variety and nature sufficient to constitute a major in hydrology or water resources is required. Transcripts must be sent by the college or university to you. You must send the transcript in the sealed envelope to the Hydrologist Section at the address listed above. Unofficial copies of transcripts are not acceptable. If you attend more than one school, and transfer credits appear on the transcript from the school where the degree was received, it is not necessary to provide a transcript from the previous school(s). A master's degree and/or Ph.D. degree in hydrology or water resources is equivalent to 1 year of the required experience.

If the degree is from an unapproved educational institution, you must provide an official detailed evaluation by a credential evaluation service which shows the degree is equivalent to a bachelor's degree in hydrology or water resources or a bachelor's degree with a major in hydrology or water resources meeting the requirements under Chapter 470.04(3), Wisconsin Statutes and chapter GHSS 3.04(1), Wisconsin Administrative Code. The

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degree must be granted by a college or university accredited by a regional accrediting agency approved by the state board of education or by a Canadian accrediting agency satisfactory to the board. A list of credential evaluation services is available from the board office.

SUPPLEMENTAL FORM (Form #2400) - Please complete the Supplemental Form (Form #2400) to indicate the hydrology or water resources courses you have completed. Official transcripts must be submitted to substantiate all courses listed. Include title and publisher of significant articles or books you have authored or co-authored.

EXPERIENCE RECORD (Form #2392) - When completing the Experience Record (Form #2392), include as many applicable experience requirements, outlined in the Wisconsin Administrative Code, as possible. Provide a complete chronological listing of your background beginning with your education. Indicate when employment is full-time vs. part-time. Please type or print all information.

SUPERVISED EXPERIENCE EVALUATION FORM (Form #2401) – All applicants for licensure under sec. 470.04(3), Stats., and sec. 470.06, Stats., must complete either the “Supervised Hydrologic Experience Evaluation Form” (Form #2401) or the “Peer Review Evaluation Form” (Form #2445).

The “Supervised Hydrologic Experience Form” (Form #2401) must be completed by a licensed professional hydrologist who has supervised or has firsthand knowledge of the applicant’s relevant work experience relating to professional hydrology. A minimum of 2 years of hydrologic work must have been performed under the supervision of a registered hydrologist or a person whom the Section determines is qualified to have responsible charge of hydrologic work.

Evaluators may be professional hydrologists registered in another state or with a hydrologic organization, faculty who supervised hydrology work experience (provided that the experience may not have been used towards school degree requirements), professional hydrologists or persons the Section determines is qualified to have responsible charge of hydrologic work. If your evaluator does not meet these qualifications, please ask him or her to submit a resumé and transcript so that the Professional Hydrologists Section may verify his or her hydrologic background.

PEER REVIEW EVALUATION FORM (Form #2445) – The “Peer Review Evaluation Form” (Form #2445) must be completed by a licensed professional hydrologist who has had professional contact with the applicant’s practice and who can certify that the applicant is qualified to assume responsible charge of hydrologic work. Submission of at least 3 peer review evaluation forms of the last 2 years of professional experience is required.

Evaluators may be professional hydrologists registered in another state or with a hydrologic organization, faculty who supervised hydrology work experience (provided that the experience may not have been used towards school degree requirements), professional hydrologists or persons the Section determines is qualified to have responsible charge of hydrologic work. If your evaluator does not meet these qualifications, please ask him or her to submit a resumé and transcript so that the Professional Hydrologists Section may verify his or her hydrologic background.

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APPLICANT APPRAISAL FORM (Form #2402) - Provide replies from 5 individuals, 3 of whom shall have personal knowledge of your experience in hydrologic work using the enclosed "Professional Hydrologists Applicant Appraisal Form" (Form #2402). At least one of the 3 references shall be from an individual who is licensed as a professional hydrologist in Wisconsin. Evaluators may also be used as a reference. Family members can act as supplemental references in support of an application, but not as one of the 5 required responses. Type or print your name and address in the box at the top of each form prior to distribution. **Forms must be forwarded by you to this office with your application.**

APPLICANTS APPLYING BY COMITY – To be eligible for licensure in Wisconsin by comity, you must have passed an examination as part of your licensure requirement for another state and hold a current license in another state. Wisconsin requires that all applicants for licensure by comity submit evidence satisfactory to the Section that the requirements of the other state, territory or country that issued the license are substantially equivalent to the requirements of this state. Please forward the enclosed "Verification of Examination or Registration" (Form #2391) to the licensing agency for completion.

VERIFICATION OF EXAMINATION SCORES OR LICENSURE – If you have taken the hydrology examination or are credentialed (licensed) in another state, you must contact the registration agency in that state and request that they provide official verification of your exam scores and/or licensure directly to this office. A verification of examination or registration (Form #2391) is enclosed for this purpose. It is recommended that you provide the agency with a pre-addressed envelope for response. Most state boards require a fee for completion of the verification of examination or registration (Form #2391). Contact your registration board to see if a fee is required.

REVIEW DATES - Applications will be presented to the Hydrologist Section for evaluation when all required documents are received.

Review Dates

March 13, 2003
June 11, 2003
September 18, 2003
December 18, 2003

Deadline Dates for Receipt of All Documents

March 7, 2003
June 7, 2003
September 8, 2003
December 8, 2003

These are tentative meeting dates and are subject to change.

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EXAMINING BOARD OF PROFESSIONAL GEOLOGISTS, HYDROLOGISTS AND SOIL SCIENTISTS

PROFESSIONAL HYDROLOGIST SECTION

APPLICATION FOR PROFESSIONAL HYDROLOGIST LICENSE

PLEASE TYPE OR PRINT IN INK

Last Name: _____ First Name: _____ MI: _____

Former Name(s) - If Applicable: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone (days): (____) _____ Date of Birth: _____

Ethnic and gender status information is optional, and is for research and reporting to the Equal Employment Opportunity Commission.

Race: _____ (1) White, not of Hispanic origin _____ (4) American Indian or Alaskan
(Check one) _____ (2) Black, not of Hispanic origin _____ (5) Asian or Pacific Islander
_____ (3) Hispanic _____ (6) Other

Sex: _____ M _____ F

QUALIFICATION: Place an "X" in ONE space only indicating how you qualify.

- ☐ Bachelor's degree and 5 years experience with 2 years experience under the supervision of a hydrologist or a person qualified to have responsible charge of hydrologist work and passed examination.
- ☐ Bachelor's degree and 7 years experience with peer review and passed examination.
- ☐ One or more advanced degrees and 4 years experience under supervision of a hydrologist or a person qualified to have responsible charge of hydrologist work and passed examination.
- ☐ Comity (Credentialed/Licensed in Another State) _____ State _____ License Number _____

FOR SECTION APPROVAL ONLY

BY _____

BY _____

DATE _____

EXAMINATIONS: If you have taken any examinations in Wisconsin or any other state give details below.

EDUCATION: Bachelor's degree with at least 30 semester hours or 45 quarter hours of credits in hydrology or water resources of a variety and nature sufficient to constitute a major in hydrology or water resources. Please indicate below the colleges attended. Official transcript required.

Colleges Attended

For Receipting Use Only

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STATEMENT OF ARREST OR CONVICTION: (Attach additional sheets if necessary)

	<u>YES</u>	<u>NO</u>
A. Have you ever been convicted of a misdemeanor or a felony, or driving while intoxicated (DWI), in this or any other state, or are criminal charges currently pending against you? If yes, complete and attach Form #2252.	<input type="checkbox"/>	<input type="checkbox"/>
B. Have you ever surrendered, resigned, cancelled or been denied a professional license or other credential in Wisconsin or any other jurisdiction? If yes, give details on an attached sheet, including the name of the profession and the agency.	<input type="checkbox"/>	<input type="checkbox"/>
C. Has any licensing or other credentialing agency ever taken any disciplinary action against you, including but not limited to, any warning, reprimand, suspension, probation, limitation or revocation? If yes, attach a sheet providing details about the action, including the name of the credentialing agency and date of action.	<input type="checkbox"/>	<input type="checkbox"/>
D. Is disciplinary action pending against you in any jurisdiction? If yes, attach a sheet providing details about pending action, including the name of the agency and status of action.	<input type="checkbox"/>	<input type="checkbox"/>
E. Have any suits or claims ever been filed against you as a result of professional services? If yes, submit a copy of the claim or suit and a copy of the final settlement or disposition.	<input type="checkbox"/>	<input type="checkbox"/>
F. Do you currently hold, or have you in the past held, any credential (license) issued by the Department of Regulation and Licensing or any of the Boards? If yes, what type of credential? _____ And if in another name, what name? _____	<input type="checkbox"/>	<input type="checkbox"/>

Note: An arrest or conviction does not automatically disqualify an applicant. Consideration of the record by the board is subject to sec. 111.321, 111.322, and 111.335, Stats.

AFFIDAVIT OF APPLICANT

I state that I am the person referred to on this application and that all the answers set forth are strictly true in each respect. I understand that false or forged statements made in connection with this application may be grounds for revocation of my credential or other disciplinary action. I also understand that if I am issued a credential, failure to comply with the laws or rules of either the Examining Board of Professional Geologists, Hydrologists and Soil Scientists or the Department of Regulation and Licensing will be cause for disciplinary action.

Signature of Applicant

Date

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CONVICTIONS AND PENDING CHARGES

If you have been convicted of a crime or have criminal charges pending against you, complete this form and return it with your application. Include a \$6.00 Crime Information Bureau report fee in addition to your original application fees.

The Fair Employment Act (sections 111.31-111.395, Wis. Stats.) prohibits employment discrimination on the basis of conviction record or arrest record unless the circumstances of the conviction or arrest substantially relate to the circumstances of the particular job or licensed activity. The information requested on this form will be used to determine whether your application should be granted, approved with limitations, or denied. The information you provide on this form may be verified against criminal information records. Omission of information on this form will be considered a false statement on an application.

Profession you are applying for: _____

Last Name	First Name	MI	Former / Maiden Name(s)
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Your Street Address (number, street, city, state, zip) _____

Mail To Address (if different) _____

Date of Birth	Social Security Number
_____ month day year	_____ Information helps us identify your record, but is voluntary. It is not available to the public.

Ethnic/gender information is required to check criminal information records. Sex: ☐ M ☐ F Ethnic: ☐ White, not of Hispanic origin ☐ Black, not of Hispanic origin ☐ Hispanic ☐ American Indian or Alaskan ☐ Asian or Pacific Islander ☐ Other

1. List all other names used: _____
2. List all felonies, misdemeanors, and other violations of state or federal law of which you have ever been convicted, in this state or any other, whether the conviction resulted from a plea of no contest or a guilty plea or verdict. For each, list the date and location of the conviction. Please include all convictions that involved alcohol or other drug use, including convictions for operating while intoxicated. Do not include municipal ordinance violations or other traffic offenses.

It is your responsibility to submit certified copies of the police report or criminal complaint, judgment of conviction and sentencing, and verification of your compliance with all terms of each sentence, including chemical dependency assessments if ordered by the court. If the conviction is old and records have been destroyed, you must submit a written description of each offense, along with an explanation of the penalties imposed and verification that you completed all requirements.

OFFENSE DATE CITY/STATE

Attach additional sheet(s) if necessary.

Wisconsin Department of Regulation & Licensing

3. Have you ever been sentenced by a court to participate in an alcohol or other drug assessment, treatment or counseling program? YES NO MO/YR COMPLETED
☐ ☐ _____
Did you successfully complete the program? ☐ ☐ _____
Please attach the certificate of completion/discharge summary.

- (Check all that apply)
4. Have you ever been sentenced to: YES NO MO/YR COMPLETED
☐ Probation ☐ ☐ _____
☐ Parole ☐ ☐ _____
☐ Ordered to pay restitution ☐ ☐ _____
Did you successfully complete one of the above as ordered by the court? ☐ ☐ _____

If you are currently on probation or parole, you must request your probation/parole officer to send a letter describing your current probation/parole requirements and your compliance with supervision.

5. List all felonies, misdemeanors, or other violations of state or federal law for which you have been arrested and which are **pending**. Submit a copy of the police report/criminal complaint for each of the following pending charges.

<u>PENDING CHARGE</u>	<u>DATE OF ARREST</u>	<u>LOCATION OF ARREST (city/state)</u>
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Comments you wish to make regarding your convictions or pending charges. Attach another sheet if necessary.

AFFIDAVIT OF APPLICANT

I state that I am the person referred to in this document and that all the information which I provided above is true in every respect. I understand that false or forged statements made in this document in connection with my application for a credential, or failing to provide relevant information, may be grounds for denial of the application, revocation of the credential granted to me, or criminal prosecution. This document must be signed before a notary public.

Signature

State of _____ County of _____

Signed and sworn before me this _____ day of _____, 20 _____ by _____
(applicant's name)

Signature of Notary Public

My commission (is permanent) _____ expires _____.

SEAL

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ADDENDUM TO APPLICATION

SOCIAL SECURITY NUMBER. Your social security number (or employer identification number if you are applying as a business entity) must be submitted with your application on this form. If you do not have a social security number you must submit a statement under oath or affirmation. If your social security number or a statement is not provided, your application will be denied.¹ A form for submitting a statement that you do not have a social security number is available from the department.

(Please Print)

First Name Middle Initial Last Name

			-			-				
--	--	--	---	--	--	---	--	--	--	--

Social Security Number or FEIN

Date of Birth

Type of Credential (license, permit, certificate)

The Department may not disclose the social security number collected above except to the Department of Workforce Development for purposes of administering the child and spousal support program,² to the Department of Revenue for the purpose of determining whether you are liable for delinquent taxes,³ and to the federal Healthcare Integrity and Protection Data Bank for the purpose of reporting adverse actions against health care practitioners.⁴

INFORMATION AVAILABLE TO THE PUBLIC - NONDISCLOSURE OF CERTAIN PERSONAL INFORMATION

☐ Your name, credential number, address, status and other credentialing information are available to the public. However, you may check this box to declare that your name and address not be disclosed on any list of ten or more individuals that the department furnishes to another person.⁵

DELINQUENT STATE TAXES; DELINQUENT SUPPORT

All applications for professional credentials are checked to determine whether the applicant is liable for delinquent state taxes. Under state law, the department must deny your application if you are liable for delinquent Wisconsin taxes.⁶ If you are liable for delinquent state taxes, pay the delinquent amount before the application process is completed. Retain proof that you have satisfied the tax delinquency. If you have any questions about payment of delinquent taxes, please contact your nearest Department of Revenue office or call (608) 261-6249. An application may be denied or a credential suspended if an applicant or credential holder is delinquent in paying support or fails to comply with a subpoena or warrant issued by the department of workforce development or a county child support agency related to support or paternity proceedings.²

#2380 (Rev. 04/03)

¹ Section 440.03 (11m), Wis. Stats.

² Sections 49.22, and 440.13, Wis. Stats.

³ Section 440.12, Wis. Stats.

⁴ Health Insurance Portability and Accountability Act (HIPAA) of 1996

⁵ Section 440.14, Wis. Stats.

⁶ Section 440.12, Wis. Stats.

This form is authorized by secs. 440.12 and 440.14, Wis. Stats. Making a false statement in connection with this application may result in revocation or denial.

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EXAMINING BOARD OF PROFESSIONAL GEOLOGISTS, HYDROLOGISTS AND SOIL SCIENTISTS

PROFESSIONAL HYDROLOGIST SECTION

SUPPLEMENTAL FORM

Applicant's Name	Date
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All applicants applying for registration as a professional hydrologist must complete this form. Failure to provide the requested information may result in denial of licensure.

Sec. 470.04(3)(b), Stats. requires that the applicant has a bachelor's degree and at least 30 semester hours or 45 quarter hours of course credits in hydrology or water resources of a variety and nature sufficient to constitute a hydrology or water resources major from a college or university approved by the board.

RECORD OF HYDROLOGY OR WATER RESOURCES COURSES COMPLETED

- Please list the courses which you have completed in order to be considered a major in hydrology. You must have completed at least 12 semester hours or 18 quarter hours of course credits in hydrology or water resources in at least three areas listed on the reverse side of this form. If additional space is needed, attach separate sheet.

<u>Name of Course</u>	<u>Course #</u>	<u># Semester Hrs.</u>	<u>College Attended</u>

- In addition to the coursework listed above, please list other hydrology or water resource related coursework used to satisfy the 30 semester hour or 45 quarter hour requirement which may include but not be limited to courses listed on the reverse side of this form. If additional space is needed, attach separate sheet.

<u>Name of Course</u>	<u>Course #</u>	<u># Semester Hrs.</u>	<u>College Attended</u>

Wisconsin Department of Regulation & Licensing

1. Section GHSS 3.04(3), Wisconsin Administrative Code, requires completion of at least 12 semester hours of 18 quarter hours of course credits in hydrology or water resources in at least three of the following areas:

Contaminant surface and subsurface water hydrology.
Field methods in surface and subsurface water hydrology.
Fluid mechanics/dynamics.
Fluvial geomorphology.
Open channel flow and hydraulics.
Stochastic hydrology.
Subsurface water hydrology.
Subsurface water and well hydraulics.
Surface or subsurface water modeling.
Surface water hydrology.
Unsaturated zone hydrology.
Water resource management.

2. Section GHSS 3.04(4), Wisconsin Administrative Code, requires in addition to the coursework required above, other hydrology or water resource related coursework that may be used to satisfy the 30 semester hour or 45 quarter hour requirement include, but are not limited to courses in the following areas:

Aquatic biology.
Engineering.
Environmental health and toxicology.
Forestry.
Geography.
Geology.
Limnology.
Meteorology.
Natural resources.
Soil Science.
Water chemistry.

3. Give title and publisher of significant scientific articles or books you have authored or co-authored (list co-authors). Works in process of publication (manuscript accepted) should be listed as such. A complete list of publications is not required. Please list or attach separate sheet.

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EXAMINING BOARD OF PROFESSIONAL GEOLOGISTS, HYDROLOGISTS AND SOIL SCIENTISTS

EXPERIENCE RECORD

Type or print your name:	Type of license you are applying for:	Date:
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Engagement	Date	Title of Position, Name and Address of Employer, and Extent of Experience and Responsibility	Name, Title and Address of an individual (not deceased) familiar with each engagement, preferably the person to whom applicant reported.
#1 <input type="checkbox"/> Fulltime <input type="checkbox"/> Parttime _____ hrs/week	FROM _____ mo/yr TO _____ mo/yr	Make statement concise. Designate each engagement by a separate number. Include enough detail such that a peer may judge the character of your work. Include magnitude and complexity of work on each engagement including your duties and degree of responsibility. University or college shall be engagement 1. Your first employment shall be engagement 2, with subsequent experience in chronological order. Your current engagement should be your last entry. Any necessary amplification may be made on a separate sheet.	
#2 <input type="checkbox"/> Fulltime <input type="checkbox"/> Parttime _____ hrs/week	FROM _____ mo/yr TO _____ mo/yr		

Wisconsin Department of Regulation & Licensing

<div>#3</div> <div><div><input type="checkbox"/> Fulltime</div><div><input type="checkbox"/> Parttime</div></div> <div>_____ hrs/week</div>	<div>FROM</div> <div>_____ mo/yr</div> <div>TO</div> <div>_____ mo/yr</div>		
<div>#4</div> <div><div><input type="checkbox"/> Fulltime</div><div><input type="checkbox"/> Parttime</div></div> <div>_____ hrs/week</div>	<div>FROM</div> <div>_____ mo/yr</div> <div>TO</div> <div>_____ mo/yr</div>		
<div>#5</div> <div><div><input type="checkbox"/> Fulltime</div><div><input type="checkbox"/> Parttime</div></div> <div>_____ hrs/week</div>	<div>FROM</div> <div>_____ mo/yr</div> <div>TO</div> <div>_____ mo/yr</div>		

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EXAMINING BOARD OF PROFESSIONAL GEOLOGISTS, HYDROLOGISTS AND SOIL SCIENTISTS

HYDROLOGIST SECTION

SUPERVISED HYDROLOGIC EXPERIENCE EVALUATION FORM

Applicant's Name	Date
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All applicants applying for registration as a professional hydrologist under Chapter 470, Wisconsin Statutes must complete this form. Failure to provide the requested information will result in denial of licensure.

The applicant is required to complete the Description of Supervised Hydrological Experience on page 3 and submit this form to his or her supervisor or evaluator to verify the experience received.

SUPERVISOR EVALUATOR IS REQUIRED TO COMPLETE THIS SECTION

The applicant named above has filed an application for licensure as a professional hydrologist with the State of Wisconsin. This registration depends, among other considerations, on the verification of the extent, diversity, and quality of his/her practical training and experience under a professional hydrologist or persons the Section determines is qualified to have responsible charge of hydrologic work as described on Page 3 by the applicant. Please assist us by supplying the information requested based upon your own personal, first-hand knowledge of the applicant. (Attach additional pages if needed.)

Name of Supervisor Evaluator _____ Title _____
Profession and specialty (if any) _____ Years of Experience _____
Name of Firm _____
Street Address _____
City/State/Zip Code _____
Nature of Current Business _____

A supervisor evaluator must meet the requirements as a professional hydrologist as stated under sec. 470.01(2), Stats. Please list your professional certification, credential (license) or registration.

Type (Hydrology)	Issuing State or Organization	Number	Year Issued

Wisconsin Department of Regulation & Licensing

EVALUATOR IS REQUIRED TO COMPLETE THIS SECTION TO VERIFY THE HYDROLOGICAL EXPERIENCE RECEIVED OR A PEER REVIEWED PROJECT

FOR SUPERVISOR OF APPLICANT APPLYING BY SUPERVISED HYDROLOGICAL EXPERIENCE:

The portion of employment or experience we wish you to verify is described by the applicant on page 3 of this form. Please state your opinion regarding the accuracy of the description, including duration, extent and complexity of work, and indicate your evaluation of the applicant's performance.

Are there any items of the described experience which you cannot verify? If so, please explain. _____

Additional comments (if any) _____

Evaluator's signature _____ Date _____

UPON COMPLETION, THIS FORM IS TO BE RETURNED TO THE DEPARTMENT OF REGULATION AND LICENSING BY THE EVALUATOR. (Page 3 of this form must be attached).

Wisconsin Department of Regulation & Licensing

THIS SECTION TO BE COMPLETED BY THE APPLICANT

DESCRIPTION OF SUPERVISED HYDROLOGICAL EXPERIENCE

Name of Applicant _____

Name and Business Address of Applicant's Employer at Time of Experience

Name of Supervisor _____

Dates of Employment: _____ to _____
month/year month/year

Total Experience _____ to _____ Percent of Time _____
month/year month/year (100% if full time)

Applicant should make explicit statements listing and defining work performed, listing and defining projects for which he/she had full or partial responsibility, including statement of extent and complexity of work performed. If more space is needed attach additional sheet.

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EXAMINING BOARD OF PROFESSIONAL GEOLOGISTS, HYDROLOGISTS AND SOIL SCIENTISTS

PEER REVIEW EVALUATION FORM

Applicant's Name	Date
Type of Credential Applying For:	

For applicants applying under sec. 470, Stats., submission of at least 3 "peer evaluation" forms satisfactory to the professional section completed by a registered professional who has had professional contact with the applicant's practice and who certifies that the applicant is qualified to assume responsible charge of work.

The applicant is required to complete the Peer Reviewed Project Description on page 3 and submit this form to his or her supervisor or evaluator to verify the experience received.

PEER REVIEW EVALUATOR IS REQUIRED TO COMPLETE THIS SECTION

The applicant named above has filed an application for licensure with the State of Wisconsin. This registration depends, among other considerations, on the verification of the extent, diversity, and quality of his/her practical training and experience under a licensed professional or the persons the Section determines to have responsible charge of work as described on Page 3 by the applicant. Please assist us by supplying the information requested based upon your own personal, first-hand knowledge of the applicant. (Attach additional pages if needed.)

Name of Peer Review Evaluator _____ Title _____
Profession and specialty (if any) _____ Years of Experience _____
Name of Firm _____
Street Address _____
City/State/Zip Code _____
Nature of Current Business _____

A peer review evaluator must meet the requirements as a licensed professional as stated under sec. 470, Stats. Please list your professional certification, credential (license) or registration.

Type	Issuing State or Organization	Number	Year Issued

Wisconsin Department of Regulation & Licensing

EVALUATOR IS REQUIRED TO COMPLETE THIS SECTION TO VERIFY THE HYDROLOGICAL EXPERIENCE RECEIVED OR A PEER REVIEWED PROJECT

FOR PEER REVIEWER OF APPLICANT APPLYING BY PEER REVIEW:

The work product we wish you to verify is described by the applicant on page 3 of this form. Please verify your peer review, the accuracy of the description of what you reviewed, and indicate your evaluation of the applicant's analysis. Include your opinion on the complexity of the problem and the thoroughness of the analysis and application of principles.

Evaluator's signature _____ Date _____

UPON COMPLETION, THIS FORM IS TO BE RETURNED TO THE DEPARTMENT OF REGULATION AND LICENSING BY THE EVALUATOR. (Page 3 of this form must be attached.)

Wisconsin Department of Regulation & Licensing

THIS SECTION TO BE COMPLETED BY THE APPLICANT

DESCRIPTION OF HYDROLOGIC EXPERIENCE

Name of Applicant _____

Name and Business Address of Applicant's Employer at Time of Experience

Name of Supervisor _____

Dates of Employment: _____ to _____
month/year month/year

Total Experience _____ to _____ Percent of Time _____
month/year month/year (100% if full time)

Applicant should make explicit statements listing and defining work performed, listing and defining projects for which he/she had full or partial responsibility, including statement of extent and complexity of work performed. If more space is needed attach additional sheet.

Wisconsin Department of Regulation & Licensing

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1400 E. Washington Avenue
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E-Mail: web@drl.state.wi.us
Website: http://www.drl.state.wi.us

EXAMINING BOARD OF PROFESSIONAL GEOLOGISTS, HYDROLOGISTS AND SOIL SCIENTISTS

PROFESSIONAL HYDROLOGIST SECTION

PROFESSIONAL HYDROLOGIST APPLICANT APPRAISAL FORM

APPLICANT NAME	Birthdate
ADDRESS	

The applicant named above has applied for licensure as a professional hydrologist in the State of Wisconsin. To assist the board in reviewing the applicant, we would appreciate your appraisal (of the applicant's proficiency) as requested below and on the back of this form.

1. I know this applicant: ☐ - very well ☐ - well ☐ - slightly ☐ - not at all
2. My contacts with the applicant extend from _____ to _____.
3. These contacts were (check all that apply):
☐ - As an associate in hydrologic work ☐ - As a student in my classes
☐ - In social or community affairs ☐ - In professional society activities
☐ - Other (specify) _____
4. In my opinion the applicant's personal integrity and character _____

5. Have you had business dealings with the applicant? ☐ - yes ☐ - no.
Comments: _____
6. If your answer to #5 is no, would you willingly have such dealings? ☐ - yes ☐ - no.
Comments: _____
7. Are you aware of any business or professional activities by the applicant that you would consider to be questionable or unethical? ☐ - yes (Please Explain) ☐ - no.
Comments: _____
8. I am familiar with the applicant's work at _____
(name of company)
9. Describe the principal duties performed by the applicant. _____

10. I have personal knowledge of the applicant's hydrologic work ☐ - yes ☐ - no.
If no, proceed to Question #13.

Wisconsin Department of Regulation & Licensing

11. Considering the need to protect the public welfare, or the safeguarding of life, health, environment or property, in my opinion this applicant would rank in professional competence and responsibility as follows:

<input type="checkbox"/>	Qualified:	Work meets professional hydrologic standards adequate to render without some supervision, hydrologic interpretations and apply hydrologic principals to protect the public welfare or the safeguarding of life, health, environment or property.
--------------------------	------------	--

☐ Unqualified: Work not up to minimum professional standards. Requires review and/or revision by associates or supervisors before execution. Inadequate qualifications or experience to protect the public welfare or the safeguarding of life, health, environment or property without supervision.

12. Any additional comments you wish to make: _____

13. The above information is being submitted by:

Name (type or print)	
Firm	
Title/Position	
Address	
City/State/Zip	
Day Phone	
Signature	Date

Please affix seal or

write in where registered, type of profession
and registration number if applicable

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Name (type or print)
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12. Any additional comments you wish to make: _____
- _____
- _____
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EXAMINING BOARD OF PROFESSIONAL GEOLOGISTS, HYDROLOGISTS AND SOIL SCIENTISTS

VERIFICATION OF EXAMINATION OR REGISTRATION

SECTION I - Applicant is to complete this section and forward form to registration agency that is to complete Section II. Please print or type all information.

Last Name: _____ First Name: _____ MI: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Type of Credential: _____

Original State of Licensure: _____ Credential Number: _____

SECTION II - Registration agency is to complete this section and return to the Department of Regulation and Licensing.

A. The above named individual was registered as a/an:

	CREDENTIAL #	DATE ISSUED	VALID UNTIL
PROFESSIONAL GEOLOGIST	_____	_____	_____
HYDROLOGIST	_____	_____	_____
SOIL SCIENTIST	_____	_____	_____

B. Basis of Registration:

1. ☐ By Written Examination:

☐ Hours Professional Geologist (Provide exam format, scores and dates)

☐ Hours Hydrologist (Provide exam format, scores and dates)

☐ Hours Soil Scientist (Provide exam format, scores and dates)

2. ☐ By Comity with _____

3. ☐ By Education and Experience: Explain provisions for registration without written examination.

C. Is there any disciplinary action pending or was any formal disciplinary action ever taken against the above named individual? Yes _____ No _____ If yes, please give details on reverse side.

COMPLETED BY _____ STATE _____

TITLE _____ DATE _____

(BOARD SEAL)

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NOTICES

TIME FOR REVIEW AND DETERMINATION OF CREDENTIAL APPLICATIONS

Generally, a credentialing authority is required to make a determination on an original application for a credential within 60 business days after a completed application is received.^a An application is completed when all materials necessary to make a determination on the application and all materials requested by the licensing authority have been received.

PROCEDURES ON APPLICATION DENIAL

An applicant who receives a notice of denial may request a hearing to challenge the denial by filing a request with the appropriate board or the department within 45 days after the mailing of the notice of denial. The request must contain the applicant's name and address, the type of license sought, the reasons why a hearing is requested and a description of the mistake the applicant believes was made, if the applicant claims that the denial was based on a mistake of fact or law. Hearing procedures are specified in ch. RL 1 of the Wisconsin Administrative Code. A copy of ch. RL 1 is available at most public libraries, on the Internet through the index at <http://www.legis.state.wi.us/rsb/code/rl/rl.html> and may also be obtained from the department.

MAILING ADDRESS AND CHANGE OF ADDRESS

Credential holders may use a business address as a mailing address for department mail. A change of address must be reported to the department within 30 days.

PERSONALLY IDENTIFIABLE INFORMATION: USE AND AVAILABILITY

Information collected on an application form is required and will be used to determine eligibility for a credential or examination. It is not likely that the department will use information collected by these forms for other purposes.

Credentialing is a public process with a goal of identifying those competent to protect the public. The name, city, and status of credential holders are accessible at the Department's website at <http://www.drl.state.wi.us/> under "Credential Holder Query." Information collected on application and examination forms is available for inspection to the public under Wisconsin laws governing public records.

AMERICANS WITH DISABILITIES ACT

The Department complies with the Americans With Disabilities Act of 1990. The Department will make reasonable modifications to policies, practices and procedures when modifications are necessary to avoid discrimination on the basis of disability and will make reasonable accommodations necessary to provide a qualified individual with a disability with equal access to department programs.

Communications and examinations: Individuals who need auxiliary aids for effective communication in programs and services or who wish to request special accommodations for examinations, please call (608) 266-2852 or TTY at (608) 267-2416.

Complaints: Procedures for alleging violations of the Americans with Disabilities Act of 1990 may be obtained by calling the Department's ADA Coordinator at (608) 266-8608 or TTY at (608) 267-2416.